

MARYLAND OFFICE OF HOME ENERGY PROGRAMS

Please assist us by providing information about how you helped _____ during the past ninety (90) days, from _____ to _____.

Thank you for your cooperation.

Please tell us how much of the following types of assistance you gave the household named above:

TYPE OF ASSISTANCE	VALUE AND DESCRIPTION OF ASSISTANCE
1. Shelter -(rent/house payment)	
2. Food	
3. Utility	
4. Transportation	
5. Other Non-food items (clothing, personal items, etc)	
6. Additional Comments	

Please give us **YOUR** name, address & phone number:

Name: _____

Address: _____

Phone: _____

I understand that there are criminal penalties (up to \$10,000 fine and five years in jail or both) for knowingly providing false information.

Your Signature

Date

PLEASE RETURN TO THE ADDRESS SHOWN ABOVE.

OFFICE USE:

Date received: _____

Reviewed and approved: _____

Worker Signature

Date